PAEDIATRIC CASE SHEET
PAEDIATRIC CASE SHEET

Name:            Age:            Sex:
Address:
Date of admission:    Date of examination:
Informant:    Reliability:

Chief complaints:
1.                        2.
3.                        4.
PAEDIATRIC CASE SHEET

History of present illness:

Past history:

Antenatal history:

Natal history:

Postnatal history:
## PAEDIATRIC CASE SHEET

<table>
<thead>
<tr>
<th>AGE</th>
<th>GM</th>
<th>FM</th>
<th>Social</th>
<th>Language</th>
<th>Vision</th>
<th>Hearing</th>
</tr>
</thead>
</table>

Inference
DIETETIC HISTORY

• Exclusive BF & Complementary feeding
• 24 hr dietary recall

<table>
<thead>
<tr>
<th>Calories</th>
<th>Protein</th>
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</thead>
</table>

• Total:
• Expected (ICMR):
• Inference:
• Dietary restriction:
• Dietary advice:
IMMUNIZATION HISTORY

• National schedule

• BCG scar

• Optional vaccine

• AEFI

• Advise on further vaccination
- **Family history**
  - Pedigree chart
  - Hereditary illnesses
- **Socio-economic history:**
  - Socio economic class
  - Indoor and outdoor pollution
  - Sanitation
General appearance:

Vital signs:  Temp:  PR:
            RR:  BP:
            CRT  SPO2

General physical examination:
PICCLE
## ANTHROPOMETRY

<table>
<thead>
<tr>
<th>Actual</th>
<th>Expected</th>
<th>Inference</th>
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</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
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<tr>
<td>Height</td>
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<tr>
<td>Weight for height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head circumference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest circumference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid arm circumference</td>
<td></td>
<td></td>
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<tr>
<td>Upper segment/ lower segment ratio</td>
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</tbody>
</table>
HEAD TO FOOT EXAMINATION

Head
Face
Eyes
Ears
Nose
Mouth & oral cavity
Neck
Chest
Abdomen
External genitalia
Skin
Extremities
Back & spine
SMR stage (if required)
Developmental age assessment (if required):
SYSTEMIC EXAMINATION-RESPIRATORY SYSTEM

- **Upper RT:**
- **Lower RT:**
  - **Inspection**
    Flaring of nose: trachea: Shape of chest:
    Accessory muscles: Chest wall retraction:
    Movement of chest: Apex beat:
  - **Palpation:**
    To confirm inspection findings: Tenderness:
    Tactile vocal fremitus: Friction rub:
  - **Percussion:**
  - **Auscultation:**
    Breath sounds
    Adventitious sounds
    Vocal resonance
CARDIO VASCULAR SYSTEM

• **Inspection:**
  Pulse:  BP:  JVP:
  Precordium:  Apex beat:  Pulsations:

• **Palpation**
  Confirm inspectory findings:  Apex beat:
  Heart sounds:
  Parasternal heave:  Epigastric pulsation:
  Thrill:

• **Percussion:**

• **Auscultation:**
  Heart sounds:  Added sounds:
  Murmurs:
GIT EXAMINATION

- Upper GIT:
- Per abdomen:
  - Inspection:
    Shape: Movement:
    Visible peristalsis: Pulsation/veins:
    Hernial orifices: Ext. genitalia:
  - Palpation:
    Confirm inspection findings
    Tender: Liver: Spleen:
    Kidneys: Bladder: Any other mass:
    Renal angle: Ext. genitalia:
GIT EXAMINATION

➢ Percussion:

Liver span: Shifting dullness:

Fluid thrill:

➢ Auscultation:

BS

Bruit

➢ Rectal examination (if required):
Higher mental function:

Conscious: Orientation: Emotional status:

Memory: Speech:

Delusions/Hallucinations:
• Cranial nerve examination:
  Right          Left

• Motor system:
  Upper Limb    Lower Limb
  Right         Left         Right         Left

  Bulk
  Tone
  Power
<table>
<thead>
<tr>
<th>Reflexes</th>
<th>Right</th>
<th>Left</th>
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</thead>
<tbody>
<tr>
<td>Superficial reflex</td>
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<tr>
<td>Deep tendon reflex</td>
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<tr>
<td>-Biceps</td>
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<tr>
<td>-Triceps</td>
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<tr>
<td>-Supinator</td>
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<tr>
<td>-Knee jerk</td>
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<tr>
<td>-Ankle jerk</td>
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<tr>
<td>-Clonus</td>
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<tr>
<td>Primitive reflex (if required)</td>
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</tbody>
</table>
Abnormal movements:

Tremor:                    Chorea:                    Athetosis:

Hemiballismus:            Dystonia:

Any other:
**Sensory system:**

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<thead>
<tr>
<th></th>
<th>Upper Limb</th>
<th>Lower Limb</th>
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<tbody>
<tr>
<td></td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Touch</td>
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<td>Pain</td>
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<td>Temperature</td>
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<td>Pressure</td>
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<tr>
<td>Position</td>
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<tr>
<td>Vibration</td>
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<tr>
<td>Cortical sensation</td>
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</table>
Cerebellar signs:

Nystagmus: Speech: Finger nose test:

Dysdiadochokinesia: Tremor: Knee to heel test:

Romberg’s sign: Tandem walking: Gait
Signs of meningeal irritation:

- Neck rigidity:
- Kernig’s sign:
- Brudzinski’s sign- neck/leg sign

Skull & spine

- Mac Ewan’s sign
- Cranial bruit/carotid bruit
- Transillumination of skull
- Tenderness over spine, gibbus, tuft of hair, kyphoscoliosis
Differential diagnosis:

Investigation:

Treatment:

Follow up:
THANK YOU